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CONFIRMATION NO. 7447

<b>SERIAL NUMBER</b> 10/530,056	<b>FILING or 371(c) DATE</b> 09/07/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1609	<b>ATTORNEY DOCKET NO.</b> 268949US0X PCT		
<b>APPLICANTS</b> Yasutoshi Koga, Kurume-shi, Fukuoka, JAPAN; Masato Nakanishi, Tokyo, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP03/12891 10/08/2003 <i>you WW 8/20/07</i> <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2002-299575 10/11/2002 <i>you WW 8/20/07</i> JAPAN 2002-378176 12/26/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/30/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C. 1940 DUKE STREET ALEXANDRIA, VA 22314 UNITED STATES						
<b>TITLE</b> Composition for preventing treating the expression of clinical symptom in disease caused by mitochondrial dysfunction						
<b>FILING FEE RECEIVED</b> 1390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		